

# APPLICATION FOR A CLASS B ADMINISTRATOR (CONDITIONAL) LICENSE

State of Iowa  
Board of Educational Examiners  
Licensure  
Grimes State Office Building  
400 E. 14<sup>th</sup> St.  
Des Moines, Iowa 50319-0147

For Office Use Only:

Form revised 7/13

## WE WANT TO DO AN EXCELLENT JOB FOR YOU. HERE IS HOW YOU CAN HELP – PLEASE INCLUDE:

1. \_\_\_\_\_ **official program of study from the college or university in which you are completing your program.**  
This document, created and signed by your college, will list the courses you have completed, those you have yet to complete, and the number of credits for each course.

**NO GRADE REPORTS OR COPIES ACCEPTED.** The addition of endorsements to an Iowa Professional Administrator License is based on completion of college or university based credit. Competency or assessment based programs will not be accepted. All programs of study must be based on college or university credit.

2. \_\_\_\_\_ **\$85 licensure fee** (payable to the Board of Educational Examiners – check or money order only)
3. \_\_\_\_\_ **\$25 per month late fees.** A late fee of \$25 per month, not to exceed \$150 will be assessed from the date of hire for all individuals working without proper licensure and must be paid prior to the issuance of any license.

Applicant's Folder #	Social Security #	Date of Birth Month      Day      Year	<input type="checkbox"/> Male <input type="checkbox"/> Female
Last Name (name changes require official documentation)	First Name	Middle Name	Maiden Name
Address	City	State	Zip Code
Evening Phone (      )	Daytime Phone (      )	Email Address	

**STATEMENT OF FRAUD;** Fraud in procurement of a license or falsifying records for licensure purposes will constitute grounds for filing a complaint with the Iowa Board of Educational Examiners.

- a. Yes ☐ No ☐ PR ☐ Have you ever been convicted of a felony?
- b. Yes ☐ No ☐ PR ☐ Have you ever been convicted of a crime other than parking or speeding violations? (Include any OWIs.)
- c. Yes ☐ No ☐ Do you currently have any criminal charges pending against you?
- d. Yes ☐ No ☐ PR ☐ Have you ever had a founded report of abuse made against you?
- e. Yes ☐ No ☐ PR ☐ Have you ever had an educational license denied, revoked, or suspended?

For any "Yes" response attach a written explanation on 8 1/2 x 11" paper. Be sure to include the date of the violation. DO NOT explain on this application form. \*If you have reported a "Yes" response on a previous application, check PR (previously reported) instead of "Yes" on this application if no further conviction(s) has occurred.

I certify under penalty of perjury and pursuant to the laws of the state of Iowa that the preceding information is true and correct.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**SECTION II - TO BE COMPLETED BY AN ADMINISTRATOR** (type or print)

If a person is the holder of a valid Iowa teaching license and is seeking to obtain a new endorsement, a class B (conditional) license may be issued if requested by an employer and if the individual seeking this endorsement has completed at least seventy-five percent (75%) of the requirements leading to completion of all requirements for that endorsement. **The applicant is expected to complete all requirements for this endorsement within the term of this license. Upon completion of the requirements, the applicant must complete application materials, and be recommended by the recommending official of the institution at which the requirements have been completed.**  
**NOTE: The Class B (Conditional) license is valid only if you maintain your Professional Administrator License!**

The \_\_\_\_\_ school system requests that

\_\_\_\_\_ be issued a Class B (*conditional*) license to serve as  
(name of applicant)

Administration

- ☐ Principal K-8
- ☐ Principal 7-12
- ☐ Principal PK-12/Special Education Supervisor
- ☐ Superintendent

Other (please specify subject and grade level): \_\_\_\_\_

This request is for period beginning with the following school year- 20\_\_\_\_ - 20\_\_\_\_

Beginning date for this administrative assignment \_\_\_\_/\_\_\_\_/\_\_\_\_.

School Building \_\_\_\_\_ (i.e. "Lincoln Elementary")

This position will be served through an administrative contract and will be listed on BEDS as administration.

\_\_\_\_\_  
(Administrator's Signature)

\_\_\_\_\_  
(Print or type administrator's name)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(date)

- Administrative licensure (full or conditional) requires experience verification.
- Principal licensure requires three years of teaching experience.
- Superintendent licensure requires three years of administration experience.

(continued on next page)

# Experience Verification Form

State of Iowa  
Board of Educational Examiners  
Licensure  
Grimes State Office Building  
Des Moines, IA 50319-0146

<u>Folder Number (if known)</u>	<u>Social Security Number</u>
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**Section I:** (To be completed by applicant.)

**Name:**

\_\_\_\_\_  
Last First Middle

**Address:**

\_\_\_\_\_  
Street City State Zip

**Telephone:** (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Evening Daytime

**Section II:** (to be completed by administrator)

I hereby verify that the above-named applicant served successfully as a teacher or administrator in this school district during the dates indicated below, based on a local evaluation process.

a) \_\_\_\_\_ - dates in district (list beginning and ending month and year dates)

b) teacher administrator (circle the capacity in which the candidate served)

c) \_\_\_\_\_ - specific grade(s) taught or administered

d) \_\_\_\_\_ - subject area / disability area / or administrative area

e) \_\_\_\_\_ - school district

f) \_\_\_\_\_ - city

g) \_\_\_\_\_ - state

\_\_\_\_\_  
Signature of Administrator Date

\_\_\_\_\_  
Typed Signature of Administrator Telephone #: \_\_\_\_\_ - \_\_\_\_\_  
Area Code

**NOTICE--RETURN TO APPLICANT--DO NOT MAIL DIRECTLY TO BOARD OF EDUCATIONAL EXAMINERS**

**NOTE:** Photocopies or copies by fax of any application form or experience verification form will not be accepted. Original signatures are needed.

**NOTE TO ADMINISTRATOR:** If in your judgment you are convinced that the applicant above should not be given licensure, at least until further investigation is made, do not sign this form and please write a CONFIDENTIAL LETTER to the above address stating your reasons.